

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No.:	SC12295ZK
	First Inventor:	Gary G. Li <i>et al.</i>
	Title:	LEAD FRAME WITH FLAG SUPPORT STRUCTURE
	Express Mail Label No.:	EV 322113299 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

P10  
1238 U.S. 660828  
09/12/03

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <span style="border: 1px solid black; padding: 2px;">15</span> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <span style="border: 1px solid black; padding: 2px;">3</span> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identity of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____			
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____ Prior Appl. information: Examiner: _____ Group/Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px;">23125</span>		or <input type="checkbox"/> Correspondence address below	
Name <span style="border: 1px solid black; padding: 2px;">David G. Dolezal</span>			
Address <span style="border: 1px solid black; padding: 2px;">Motorola, Inc. – Law Department 7700 West Parmer Lane</span>			
City <span style="border: 1px solid black; padding: 2px;">Austin</span>		State <span style="border: 1px solid black; padding: 2px;">Texas</span>	Zip Code <span style="border: 1px solid black; padding: 2px;">78729</span>
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Name <span style="border: 1px solid black; padding: 2px;">David G. Dolezal</span>		Registration No. <span style="border: 1px solid black; padding: 2px;">41,711</span>	
SIGNATURE 		Date <span style="border: 1px solid black; padding: 2px;">9/11/03</span>	

**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

<i>Complete if Known</i>	
Application Number	
Filing Date	Concurrently Herewith
First Named Inventor	Gary G. Li
Examiner Name	
Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 1,006.00)
Attorney Docket No.	SC12295ZK

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number **502117**  
Deposit Account Name **Motorola, Inc.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
1001	750	2001	375	Utility filing fee <b>750</b>
1002	330	2002	165	Design filing fee <b></b>
1003	520	2003	260	Plant filing fee <b></b>
1004	750	2004	375	Reissue filing fee <b></b>
1005	160	2005	80	Provisional filing fee <b></b>

**SUBTOTAL (1) (\$ 750.00)**

**2. EXTRA CLAIM FEES**

Total Claims	Independent Claims	Previously Paid*		Extra Claims	Fee from below	Fee Paid	
		32	3	20	12	18	216
					0	84	0

Multiple Dependent **280** = **0**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent

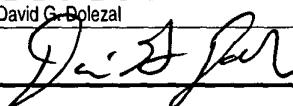
1205 18 2205 9 \*Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 216.00)**

\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

\*For Reissues, see above

**SUBMITTED BY**

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Signature				Date	9/11/03